



*Serving Central Ohio's prosthetic and orthotic needs since 1970.  
Looking back with pride, looking forward with purpose.*

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## Prosthetics

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### [Local Resources](#)

- Amputee Coalition of America (ACA):  
Website: <http://amputee-coalition.org/>  
Phone: 1-888-AMP-KNOW (1-888-267-5669)
- Mobility/Vehicle Modifications  
Fitzpatrick Enterprises:  
Website: <http://www.fitzmobile.com>  
6353 Pontius Road  
Groveport, Ohio 43125  
Phone: 1-800-545-1102 or 614-497-1000  
Email: [mobility@fitzmobile.com](mailto:mobility@fitzmobile.com)  
Fax: 614-497-1863
- Driving Aids Development Corporation (DADC):  
Information on the DADC 500 hand control system  
Website: <http://www.drivingaids.com/>

For New Patients

Making the most of your

Make an appointment

Forms/Resources

- National Mobility Equipment Dealers:  
Information on mobility equipment dealers, driver rehabilitation specialists, and vocational rehabilitation agencies located in your area.  
Website: <http://www.nmeda.com/>
- Association for Driver and Rehabilitation Specialists:  
Website: <http://www.aded.net>
- Ohio Bureau of Motor Vehicles:  
Website: <http://www.bmv.ohio.gov/>  
1970 West Broad Street  
Columbus, Ohio 43223-1101  
Application for disability placards (Ohio Bureau of Motor Vehicles):  
  
Website: [Application](#)
- American Red Cross of Greater Columbus: Community Transportation Program:  
This program provides transportation throughout Franklin County to those who qualify.  
Website: <http://columbus.redcross.org/Ts.htm>  
Phone: 614-253-6705
- Care Credit  
American Orthopedics is now offering Care Credit financing to assist with the cost of O & P devices. Care Credit offer No Interest\* payment plans and low minimum monthly payments for true flexibility when you need it most. Please visit their website for more information.  
Website: <http://www.carecredit.com>

## Sports

- Amputee Coalition of America (ACA):  
Website: <http://amputee-coalition.org/>  
Phone: 1-888-AMP-KNOW (1-888-267-5669)
- National Amputee Golf Association:  
Website: <http://www.nagagold.org>
- Active Amputees:

Website: <http://www.activeamp.org>

- Disabled Sports USA:

Website: <http://www.dsusa.org>

- The Adaptive Adventure Sports Coalition (TAASC):

TAASC is a non-profit organization located in Columbus, Ohio was established to offer individuals with disabilities opportunities to participate in adventure activities.

Website: <http://www.taasc.org>

- Ohio State Recreation Sports:

Website: <http://recsports.osu.edu/adapted.asp>

- Ohio Wheelchair Sports Association:

Website: <http://ohwcsports.webs.com/>

- ForeHope- Therapeutic golf:

Website: <https://forehopeorg.presencehost.net/>

- inMotion- A magazine that addresses the needs and concerns of amputees and those who care for and about them. Contact ACA to subscribe.

Website: [Subscribe to ACA](#)

Phone: 1-888-267-5669

- First Step: A Guide for Adapting to Limb Loss- A magazine for all people who are coping with the challenges of limb loss. Published by the National Limb Loss Information Center and funded by the Centers for Disease Control and Prevention. Contact ACA to subscribe.

Phone: 1-888-267-5669

- Challenge Magazine by Disabled Sports USA

Website: <http://www.dsusa.org>

- [Forms](#)

- [Videos](#)

### Transtibial Prosthesis Forms

- [RRD \(Removable Rigid Dressing\)](#)
- [Transtibial Shrinker Mature Amputee](#)

- [TT shrinker instructions – New Amputee](#)
- [Transtibial Figure 8 ACE Wrapping](#)
- [TT 5 Seal Liner Instructions](#)
- [TT Cushion Liner Instructions](#)
- [TT Pin Liner Instructions](#)
- [TT soft insert Instructions](#)
- [TT soft insert joint & corset Instructions](#)
- [TT soft insert SC wedge Instructions](#)
- [Sock Adjustments Instructions](#)
- [Certain Dri instructions](#)

#### Transfemoral Prosthesis Forms

- [Transfemoral RRD \(Removable Rigid Dressing\)](#)
- Transfemoral Shrinker
- [TF 5 Seal Liner Instructions](#)
- [TF Single Seal Seal-In Liner Instructions](#)
- [TF Sock fit Instructions](#)
- [TF Suction Instructions](#)
- [Certain Dri instructions](#)



Many people are unsure on how to prepare for their visit to see their prosthetist or orthotist. Here are some suggestions that will make your visit more efficient.

- Be on time for your appointment
- On your first visit, bring your prescription from the referring physician
- Bring all of your current insurance, Medicare, Medicaid cards

- Let us know if your insurance, address, or phone number has changed
- Be prepared to discuss your personal health history and current conditions
- Be prepared to discuss your personal goals and activities
- Bring a family member or friend. It is easy to forget much of what was discussed during an office visit
- Don't be embarrassed to ask your prosthetist/orthotist to explain medical words in simple terms until you are sure you understand
- Bring a pair of shorts if we are measuring or fitting a device to your leg
- Bring a pair of lace up or Velcro shoes
- Please turn off your cell phone
- Before your appointment, make a list of any questions that you want to ask your prosthetist/orthotist
- If you are coming for an adjustment, make sure you can describe where you are experiencing the problem or irritation
- Make sure you understand what you are supposed to do at home after being fit with a device:  
gradually increasing the wear schedule, checking your skin for signs of irritation, how to remove the device, etc.

### Manufacturer links

- [Pel Supply](#)
- [MyoPro](#)
- [Otto Bock](#)
- [Ossur](#)
- [Freedom Innovations](#)

- Endolite
- College Park
- BiOM
- Trulife
- Alps
- Touch Bionics/LivingSkin
  
- A – D
- E – M
- N – Z

AAOP: American Academy of Othotists and Prosthetists. A profession society of ABC board certified practitioners. Founded in 1970.

ABC: American Board for Certification in Orthotics and Prosthetics. A certification board for individuals and facilities providing orthotic and prosthetic services. Established 1948.

Abduction: The act of moving the leg (or residual limb) away from the midline of the body.

Above Elbow (AE) Amputation: An amputation performed above the elbow. Also known as a transhumeral amputation.

Above Knee (AK) Amputation: An amputation performed above the knee. Also known as a transfemoral amputation.

ACA: Amputee Coalition of America. National organization primarily funded by the Center on Disease Control and advertising from the prosthetic industry to provide information and advocacy for amputees.

Adduction: The act of moving the leg (or residual limb) toward the midline of the body.

Adherent scar tissue: Tissue stuck down, usually to the bone.

AFO: Ankle-Foot Orthosis; device that encompasses the lower leg and foot.

Alignment: The relationship of the prosthetic foot to the socket and the midline of

the body.

Ambulation: Walking, human gait.

Amputation: Surgical removal of a limb.

Anterior: The front side of the body.

AOPA: American Orthotic and Prosthetic Association. A trade association of facilities (no individuals) that provide orthotic and prosthetic services. Founded 1917.

Assistive devices: Devices that assist in performance of mobility, including ramps and bars, changes in furniture heights, environmental control units, and specially designed devices.

Atrophy: Diminishing of size and strength of muscles that are no longer used, as a result of nonuse, amputation, or paralysis.

Below Elbow (BE) Amputation: An amputation performed below the elbow. Also known as a transradial amputation.

Below Knee (BK) Amputation: An amputation performed below the knee. Also known as a transtibial amputation.

Bilateral: Both sides – legs or arms.

Bulbous: Refers to the residual limb being larger in circumference at the bottom than at the top.

Cast: Plaster or fiberglass tape is applied to the limb in order to obtain an accurate model to be used during the fabrication process.

Certified Orthotist (CO): A healthcare professional that evaluates, designs, fabricates, and fits orthoses (braces) and other devices to straighten or support the body and/or the limbs. An orthotist, certified by the American Board for Certification, is an individual who meets a stringent set of educational and experience requirements and successfully completes written, oral, and clinical patient management exams as well as a formal residency.

Certified Pedorthist (C. Ped): A healthcare professional that evaluates, designs, and fabricates devices for the prevention of painful and/or disabling conditions of the foot and ankle. A Certified Pedorthist is a specialist who by education and examination meets the criteria established by the Board for Certification in

Pedorthics [BCP].

**Certified Prosthetist (CP):** A healthcare professional that evaluates designs, fabricates, and fits artificial limbs. A prosthetist, certified by the American Board for Certification, is an individual who meets a stringent set of educational and experience requirements and successfully completes written, oral, and clinical patient management exams as well as a formal residency.

**Certified Prosthetist and Orthotist (CPO):** A healthcare professional whose responsibilities conform to those of both prosthetist and orthotist and who successfully fulfill all of the requirements in both disciplines.

**Check socket/test socket:** A clear plastic trial socket made to evaluate comfort and fit prior to final prosthesis fabrication.

**Contralateral:** Refers to the side opposite of the injured or missing limb.

**Cosmetic cover:** A custom-shaped foam material that gives a prosthetic device a more natural appearance.

**Definitive prosthesis:** The final prosthesis which is taken home.

**Donning and Doffing:** Putting on and taking off of a prosthesis or orthosis.

**Dorsiflexion:** Pointing the toe/foot upward, toward the body.

**Edema:** Swelling of the tissue.

**Endoskeletal design:** A prosthetic design that allows for the exchange of components and adjustment. An endoskeletal system is covered with a cosmetic foam that is shaped to match the sound side limb.

**Ertl procedure:** Performed during an amputation by creating a bone bridge between the tibia and fibula which allows for increased distal weight bearing.

**Exoskeletal design:** A prosthetic design using a hard, external laminate shell.

**Extension:** Straightening at a joint.

**Femur:** The bone in the thigh region.

**Fibula:** Small support bone next to the tibia in the lower leg (below the knee).

**Flexion:** Bending at a joint.

**Flexion contracture:** Shortening of the muscles at the affected joint. This can be

avoided by exercising the limb and keeping it straight.

FO: Foot Orthosis; worn below the ankle, it encompasses any part of the foot. Most commonly arch supports.

Gait: A particular way or manner of walking.

Gait training: The method of learning to walk properly using a lower limb prosthetic device.

Hip Disarticulation (HD): An amputation performed through the hip joint.

HKAFO: Hip-Knee-Ankle-Foot Orthosis; device that encompasses the hip and leg.

Idiopathic scoliosis: A structural spinal curvature for which cause has not been established.

Ischial Containment Socket: A socket which cups the Ischial bone on the inside and back as well as the bottom. By cupping, or containing this bone inside the socket, the socket tends not to shift laterally (outside) when weight is put on it, making walking more efficient. This style of socket can have a very intimate fit and may take some time to get used to in order for it to become more comfortable.

KAFO: Knee-Ankle-Foot Orthosis; device that encompasses the entire leg.

Knee components: Mechanical knee joints designed to create a safe, smooth walking pattern.

Knee Disarticulation (KD): An amputation performed through the knee joint.

KO: Knee orthosis; device which encompasses the knee only.

Kyphosis: Abnormal curvature of the spine, resulting in protuberance of the upper back. Also called hunchback.

Licensed Orthotist (LO): A healthcare professional that is licensed by the State of Ohio to practice orthotics. A licensed orthotist has already gone through the process to become a certified orthotist.

Licensed Prosthetist (LP): A healthcare professional that is licensed by the State of Ohio to practice prosthetics. A licensed prosthetist has already gone through the process to become a certified prosthetist.

Licensed Prosthetist and Orthotist (LPO): A healthcare professional licensed by the State of Ohio whose responsibilities conform to those of both prosthetist and

orthotist.

Liners: Used for suspension, comfort, and protection of the residual limb. Can be locking, non-locking, or gel liners.

Lordosis: An abnormal forward curvature of the spine in the lumbar region. Also called hollow back , saddle back, or sway back.

LSO: Lumbo-sacral Orthosis; device that encompasses the lower torso.

Lumbosacral: Pertaining to the lumbar and sacral vertebrae of the back.

Multiaxis Prosthetic Foot: Allows movement and rotation of the foot and is effective for walking on uneven surfaces.

Muscle contracture: Shortening of the muscles at the affected joint. This can be avoided by exercising the limb and keeping it straight. Also known as flexion contracture.

Myodesis: When muscles are anchored to the end of bone.

Myodesis procedure: Performed during an amputation by sewing the opposing bundles of cut muscle tissue to small holes drilled into the end of the bone of the residual limb. Adds to the performance of the muscles since it is a more secure attachment for the muscles to act on and also helps to prevent future atrophy.

Myoelectric prosthesis: This prosthesis which uses electrodes mounted within the socket to receive signals from muscle contraction to control a motor in the terminal device, wrist rotator, or elbow.

Myoplasty: Muscles anchored to opposing muscles.

Myoplasty procedure: Performed during an amputation by connecting the opposing bundles of cut muscle tissue together. It adds good protection to the end of the cut bone and helps prevent future atrophy.

Occupational Therapist (OT): The healthcare professional that teaches a person with a prosthesis or orthosis how to maximize independence and function in daily living.

Orthosis/brace: A plastic or metal device used to straighten and/or support a body part, improve function, or aid recovery. (Plural: orthoses)

Partial foot amputation: Amputation on the front part of the foot. Also known as a

transmetatarsal amputation.

Phantom sensation: The “feeling” that the amputated limb is still there. Normal after surgery, this feeling usually decreases over time.

Physical Therapist (PT): The healthcare professional that teaches exercise techniques, gait training, and ways to navigate physical barriers with a prosthesis or orthosis.

Plantar Flexion: To extend or point the foot downward.

Posterior: The back side of the body.

Prosthesis: Artificial limb. (Plural: prostheses)

Prosthetic Sock: A sock knitted to fit the shape of the residual limb. The sock reduces friction and replaces volume lost in the socket due to shrinking of the residual limb.

Pylon: Pipe-like structure used to connect the prosthetic socket to the foot/ankle and knee components.

Removable Rigid Dressing (RRD): A removable cast applied shortly after the amputation in order to control swelling and protect the residual limb.

Residual limb: Remaining portion of the limb after amputation.

RGO: Reciprocating Gait Orthosis; special HKAFO that allows paralyzed persons to walk step over step; generally used with crutches for balance.

Sacrum: The curved triangular bone at the base of the spine, consisting of five fused vertebrae known as sacral vertebrae. The sacrum articulates with the last lumbar vertebra and laterally with the pelvic bones.

Scoliosis: A lateral deviation of the normal vertical line of the spine which, when measured by X-ray, is greater than ten degrees. Scoliosis consists of a lateral curvature of the spine with rotation of the vertebrae within the curve.

Shoulder Disarticulation (SD): An amputation performed through the shoulder joint.

Shrinker: An elastic wrap or compression sock worn on a residual limb to reduce swelling and shape the limb.

Socket: The portion of the prosthesis that is in contact with the residual limb.

Sound side limb: Non-amputated limb.

Spondylitis: An inflammatory disease of the spine.

Spondylolisthesis: An anterior displacement of a vertebra on the adjacent lower vertebra.

Stockinette: Tubular open-ended cotton or nylon material.

Stump: The portion of the limb remaining after amputation. Also called the residual limb

Suction: Provides suspension by means of vacuum in a socket; achieved by forcing air out of the socket through a one-way valve when donning and using the prosthesis.

Suspension: Refers to how the orthosis/prosthesis is held on; may include suction, a strap or belt, a neoprene sleeve or other method.

Terminal devices: Devices attached to the wrist unit of an upper extremity prosthesis that provide some aspect of the function (grasp, release, cosmesis, etc.).

Tibia: The inner and larger of the two bones in the lower leg (below the knee), sometimes called the shinbone.

TLSO: Thoraco-lumbo-sacral orthosis; a type of brace incorporating the entire torso.

Voluntary-closing devices: Upper extremity terminal devices that are closed by forces on a control cable.

Voluntary-opening devices: Upper extremity terminal devices that are opened by body motion and closed by elastic bands or springs

WHO: Wrist-Hand Orthosis; device that encompasses the wrist and hand.

### Driving FAQ's

#### **1. Will I need to have my car modified to be able to drive it?**

After a limb amputation, a person is sometimes unable to drive a vehicle in the normal manner. There are several types of adaptive devices that will allow an individual with an amputation to safely resume driving.

Usually, modifying a vehicle involves compensating for the inability to reach and operate the various driving controls. The type of modification will depend on the level of amputation. Most, but not all, vehicles can be modified with adaptive

equipment.

We recommend that new amputees go through a driver's evaluation through OSU Medical Center's Rehabilitation Driving Program which helps restore mobility and increase independence for individuals with a wide range of disabilities. You will learn how to safely operate an automobile through driver simulation and on-road training. They can provide recommendations on car or van adaptive equipment.

#### Rehabilitation Driving Program

2050 Kenny Road

(OSU Martha Morehouse Medical Plaza)

Columbus, OH 43221

(614) 293-3833

### **2. I am a lower limb amputee, can I drive a car?**

It may be possible for you to drive either with or without modifications to your car. In general, if you are a left leg amputee and your car has automatic transmission, you won't need modifications and can continue driving as normal with your right leg.

The usual modifications/ suggestions made for a lower limb amputee are:

#### **Right leg amputation:**

- Left foot accelerator pedal
- Automatic transmission
- Power brake

#### **Bilateral amputation:**

- Hand controls for brake and accelerator spinner knob
- Automatic transmission
- Emergency brake extension

### **3. I am an upper limb amputees, can I still drive a car?**

It will still be possible for you to drive, either with or without modifications to your car. In general, if you can reach and operate all your car's controls either with your "good" hand or with the help of your prosthesis, or with your "good" hand and residual limb, you will not need modifications. Indeed, many people with bilateral below-elbow amputations can drive as easily without prostheses or modifications as the rest of us can with both hands. However those with bilateral above-elbow

amputations generally need vehicle modifications.

**The usual modifications made for an upper limb amputee are:**

- Automatic transmission
  - Steering device
  - Reduced effort steering (power steering)
  - Modified gear shifter and secondary driving controls (turn signals, windshield wipers)
5. How do I get a handicap placard for my car?

Fill out [Ohio Bureau of Motor Vehicles application](#) for disability placards. Obtain a prescription from your physician as proof of the disability. Return completed form to any local Deputy Registrar or mail to the Ohio Bureau of Motor Vehicles.

Limb Loss FAQ's

**1. How can I reduce the risk of amputation?**

- Practice good foot hygiene and care, especially if you are diabetic
- Stop smoking
- Practice good safety habits when operating machinery (lawnmowers, etc.)
- Reduce the risk of limb deficiencies in your unborn child by taking medications only when absolutely necessary and under your doctor's supervision

**2. After losing a limb, are there increased risks for other health problems?**

Amputation is more often the result of, rather than the cause of other health problems. Since the loss of a limb can result in decreased activity, the risk of health problems associated with a sedentary lifestyle may be increased. Residual limb and phantom pain, as well as skin problems associated with prosthetic use are also common.

**3. Is it common to have feeling in a limb even though it is no longer there?**

Yes. This is called phantom limb sensation and is common among many amputees. If it is uncomfortable, it is called phantom pain. For many amputees the sensations cease shortly after amputation. Others experience them for a number of years. Some treatments that have worked are certain medications, exercise, heat

or cold applications, acupuncture, and biofeedback. Consult your doctor for the treatment that is best for you.

#### **4. What is phantom limb sensation?**

Phantom limb sensation is the term given to any sensory phenomenon (except pain) which is felt in an absent limb. Approximately 80% of amputees experience phantom sensations at some time of their lives. There are various types of sensations that may be felt:

1. Sensations related to the phantom limb's position, length and volume. Some amputees will experience a sensation called telescoping. This is the feeling that the phantom limb is gradually shortening over time.
2. Sensations of movement- feeling that the foot is moving
3. Sensations of touch, temperature, pressure and itchiness.
5. What is phantom limb pain?

Phantom limb pain is the feeling of pain in the absent limb. Some describe the feelings as burning, cramping, slicing, squeezing pain. The pain sensation varies from individual to individual. Phantom limb pain can start anytime after the amputation. It has been said that it usually starts within the first 2 weeks post amputation.

#### **6. When does phantom limb pain start to disappear?**

This varies for different individuals. Some may experience phantom limb pain longer than others. Some unfortunate individuals can even experience phantom limb pain forever although the frequency and the intensity of the pain may decrease.

#### **7. What are the factors that may reduce phantom limb pain?**

Various methods have been used to help reduce phantom limb pain. Often simple methods like light massage, electrical stimulation, hot and cold therapy, rest and elevation of the residual limb can be used with variable results. Doctors may also prescribe medications to reduce the pain. A well fitting prosthesis is also important in making phantom limb pain more bearable.

#### **8. What can cause residual limb pain?**

There are many causes of residual limb pain that occurs in the amputated limb. Internal causes include:

- Bone related- bony overgrowth or sharp bony fragment
- Vascular- intermittent claudication or ischaemic pain due to lack of blood circulation
- Nerve – hypersensitive nerve endings or neuroma (excessive growth of the nerve ends)
- Skin- open amputation site or infected wound

External causes of residual limb pain include:

- The residual limb bandage being too tight.
- Inadequate socket fit.

### Prosthetic General FAQ's

#### **1. What is a Prosthesis and what is it used for?**

A prosthesis, also known as an artificial limb, is an externally applied device designed to replace a missing part of the body or to make a part of the body work better. Missing arms, hands, and legs are commonly replaced by prosthetic devices.

A prosthetic device is used to replace an amputee's missing limb so that they may perform regular daily tasks more easily, helping them gain more independence and confidence as they carry on with everyday life.

#### **2. How do I get a prosthesis?**

Before being cast and fit for a prosthesis, you will need to be adequately healed and your doctor will decide when you are ready to proceed with getting a prosthesis. A prescription is also needed from your physician to begin working towards your prosthesis. Once our office receives the prescription you will be scheduled for an evaluation appointment.

You will see a prosthetist, who is a professional trained and licensed to fit, adjust, and modify prosthetic devices. The first visit will include an evaluation to better determine the type of prosthesis that will match your needs. A plaster mold is taken and used to develop a model of your residual limb. Several visits to the prosthetist will be required to assure proper fit and function of the prosthesis. Initially, you will be fit with a clear 'test' socket to evaluate the fit of the socket. A second test socket maybe necessary to assure the best fit possible. You will then be fit with your final

prosthesis.

After taking your prosthesis home you will return to our office for follow-up appointments and may consider going to several visits with a physical therapist. A physical therapist will help train you how to use your prosthesis in different situations including stairs and ramps.

### **3. How long will it take to make my artificial leg?**

Once you have been cast for a prosthesis, you will be scheduled for your first fitting appointment in 7-10 days. A permanent prosthesis normally requires one or two fittings appointments in a 'test' socket before the permanent prosthesis can be fabricated for you to take home. The whole process usually takes from three to four weeks. The timeline may differ depending on an individual's needs. Our goal is to fit you with the best fitting prosthesis possible.

### **4. What should be considered when choosing a prosthesis?**

Your prosthesis will be made to match your functional levels. There are several important factors that will be considered when choosing your prosthesis including:

- Your amputation level
- Activities you would like to return to (sports, hobbies)
- Your occupation (office job vs. manual labor)

The prosthesis should not be the limiting factor to your functional level. You may have to perform tasks differently, but you should be able to perform most tasks you did before the amputation.

### **5. Will my prosthesis be covered by insurance?**

American Orthopedics works with most insurance companies and most insurances will cover a portion of the total costs of your prosthesis. The cost of your prosthesis varies depending on the components used. The type of your prosthesis and your insurance policy will determine reimbursement and out-of-pocket expenses. After your evaluation we will be able to provide you with estimated costs.

## Rehabilitation FAQ's

### **1. Who are the core members involved in amputee rehabilitation?**

There are many professionals involved in the rehabilitation process including the physician, prosthetist, physical therapist, occupational therapist, and most

importantly the amputee.

## **2. What happens pre-amputation?**

When possible, an amputee will be provided with psychological support, counseling and information on prosthetics and living as an amputee. This is not always possible for traumatic amputations, where the emphasis is on saving life and speed is essential.

## **3. What process does an amputee go through during rehabilitation?**

During the healing stage you should start physical therapy with the goals of maintaining range of motion, preventing muscle shortening, and maintaining muscle strength. It is also important to massage tissues at the end of your residual limb to prevent adhesions and reduce hypersensitivity. Once you have received your prosthesis you may continue physical therapy to help with gait training and activities of daily living.

## **4. What happens after the prosthesis is finished and is taken home?**

You will continue to see your prosthetist for follow-up appointments and adjustments. As your residual limb changes, adjustments can be made to the socket to maintain a proper fit.

## **5. Can I wear different shoes?**

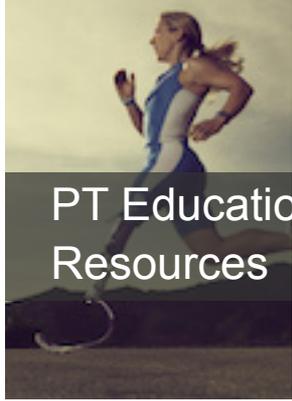
You can wear different shoes with your prosthesis. However, it is important to wear shoes with the same heel heights. Your prosthetic foot has been aligned for a certain height shoe and the function of the prosthesis can be changed if you are wearing a shoe with a different heel height.

## **6. Will my residual limb change size?**

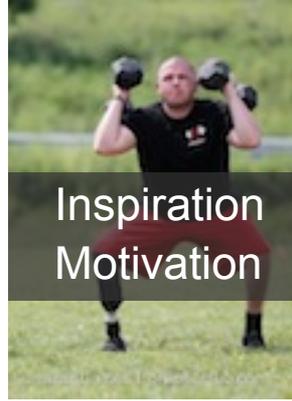
Yes. Over time, your residual limb will lose volume and become smaller. Following surgery the shape of your residual limb will be bulbous, but it should gradually shrink down.



Innovative  
New Products



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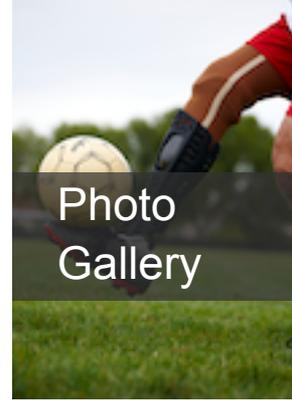
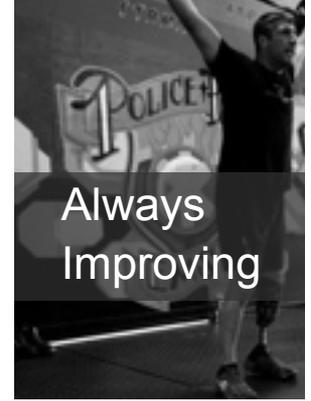


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